

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

BEST AVAILABLE COPY

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/531851

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Sm./Lg.							
Back Filing Fee	<u>201/101</u>				Sm. Entry	Lg. Entry	
Total Claims > 20	<u>201/101</u>	<u>30</u>	<u>20</u>	<u>10</u>	X		<u>690</u>
Independent Claims > 1	<u>202/102</u>	<u>1</u>	<u>1</u>		X		<u>180</u>
Multi. Dep Claim Present	<u>204/104</u>						
Surcharge	<u>205/105</u>						
English Translation	<u>119</u>						<u>130/65</u>

TOTAL FEE CALCULATION

1000

Fees due upon filing the application.

Total Filing Fees Due = \$ 1000

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 1000

SMC
Office of Initial Patent Examination